



STراتيجies to
Reduce
Injuries and
Develop confidence in
Elders

STRIDE BASELINE QUESTIONNAIRE

(Including Quality of Life SUB-SET Variables)

STUDY ID: _____ [participant]

VERSION: [bl_version]

DATE OF INTERVIEW:

M	M	D	D	Y	Y	Y	Y
				2	0		

 [bl_date]

TIME OF INTERVIEW: _____ : _____ am pm [time_start]

TYPE OF INTERVIEW: _____₁ Participant [intv_type]

_____₂ Surrogate

Consented by: _____₁ Participant [consentedby]

_____₂ Surrogate with Patient Assent

Versions [bl_version]:

Version 1 – Launch of study; age criteria 75

Version 2 – Addition of ancillary study question for Partners site only

Version 3 – Protocol modification reflecting change in age criteria to age 73

Version 4 – Protocol modification reflecting change in age criteria to age 70

Version 5 – Practice eligibility question revised: I would like to confirm that you still go to (practice name and address) for your primary care (the location where you see your primary care provider/doctor)?

STRIDE Administrative Variables

site	Healthcare system ID
practice	Practice ID
intervention	Practice assigned to intervention?
practice_tertile	Tertile of practice size (1 is small)
practice_majwhite	Majority of practice patients are white?
practice_urban	Practice is urban?

trk_secondary_outcomes	Selected for the Secondary Outcomes substudy
trk_enrolled	Enrolled
trk_enroll_date	Enrollment date
trk_languagepreference	Language Preference
trk_sc_status	Status change form: withdrawal status
trk_statuschg_date	Status change form: status change date
trk_sc_intervention_status	Status change form: intervention withdrawal status
trk_sc_intervention_withd_date	Status change form: intervention withdrawal date
trk_36mconsent_status	36-month consent status
trk_death	Death
trk_deathdate	Date of Death

STRIDE CONSENT: CALLAHAN

callahan1	APPLE
callahan2	TABLE
callahan3	PENNY
callahan4	What is the year? Correct:
callahan5	What is the month? Correct:
callahan6	What is the day of the week? Correct:
callahan7	APPLE Recall Correct:
callahan8	TABLE Recall Correct:
callahan9	PENNY Recall Correct:
callahan_score	CALCULATED SCORE = NUMBER OF ERRORS (0-6)

AGE

When were you (he/she) born?
[calc_age]

GENDER

Are you (he/she):

[gender]

Male _1
Female _2

RACE

Do you consider yourself to be:

SURROGATE:

Would he/she consider himself/herself to be:

[race] *NOTE: recoded variable, see codebook or format

White _1
Black/ African American _2
American Indian/Alaskan Native _3
Asian _4
Native Hawaiian/ Other Pacific Islander _5
More than 1 race _6
_____ Other _7
Refused _97
DK _98

ETHNICITY

Do you consider yourself to be:

SURROGATE: Would he/she consider himself/herself to be:
[ethnicity]

Hispanic/Latino _1
Non-Hispanic/Latino _2
Refused _7
DK _8

LIVING SITUATION:

Do(es) you (he/she) currently live alone?

[lives_alone]

Yes _1
No _2
Refused _7
DK _8

What type of housing do you (he/she) live in?

[housing]

- Single family home 1
- Apartment/town house, not age restricted 2
- Senior housing/ 55+ community 3
- Assisted living 4
- Other (mobile home, boat) 5
- Refused 7
- DK 8

If other, please specify: _____

MARITAL STATUS

Are you (he/she) currently:

[marital_status]

- Married 1
- Never married 2
- Widowed 3
- Divorced 4
- Other 5
- Refused 7
- DK 8

If other, please specify: _____

HEIGHT (HT)

How tall are you (is he/she)?

[height]: 1, height known/ 7, refused / 8, unknown
[height_ft]
[height_in]

Feet _____
Inches _____

WEIGHT (WT)

What is your (his/her) current weight?

[weight]: 1, weight known/ 7, refused / 8, unknown
[weight_lbs]

Pounds _____

EDUCATION

What was the highest level of education you (he/she) attained?

[education_highest] *NOTE: recoded variable see codebook or format

No formal Education _1

Some elementary School _2

Grade 8 _3

Some high school _4

Graduated from high school _5

GED _6

Some college or post-secondary education _7

Graduated from College _8

Graduate or professional college degree _9

Refused _97

DK _98

PHYSICAL ACTIVITY

How would you (he/she) describe your leisure time physical activity over the past month?

[physical_activity]

I did no regular physical activity _1

I did some regular physical activity like light walking, nonstrenuous cycling or gardening approximately once a week _2

I regularly did physical activity like brisk walking, bicycling or sports more than one time per week. _3

Refused _7

DK _8

SELF-RATED HEALTH (SRH)

Would you (he/she) say your (his/her) health is excellent, very good, good, fair, or poor?

[srh]

Excellent _1

Very good _2

Good _3

Fair _4

Poor _5

Refused _7

MONITORING DEVICE

Do you have a medical alert system or personal emergency button you can push if you fall and need help? Sometimes people wear them around their neck or on their wrist.

[medicalalert1]

Yes _1

No _2

If YES, Have you had to use the system in the past 1 months (or year)?

[medicalalert1a]

Yes _1

No _2

CHRONIC CONDITIONS (CC)

1. Has a doctor ever told you (him/her) that you have high blood pressure or hypertension? **[hypertension]**

Yes _1

Go to Question 2

No _2

Refused _7

DK _8

1a. Are you (he/she) currently taking any medicine for your (his/her) high blood pressure?

[hypertenstion_meds]

Yes _1

No _2

Refused _7

DK _8

NA _9

2. Has a doctor ever told you (him/her) that you (he/she)

	Yes	Suspect or possible	No	Refused	DK
had a heart attack, or coronary, or myocardial infarction <u>and</u> you (he/she) had to be hospitalized? [heart_condition]	<input type="checkbox"/> _1	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
had heart failure or congestive heart failure? [heartfailure_chf]	<input type="checkbox"/> _1	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
had a stroke or brain hemorrhage <u>and</u> had to be hospitalized? [stroke]	<input type="checkbox"/> _1	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
had cancer or a malignant tumor, excluding minor skin cancers? [cancer]	<input type="checkbox"/> _1	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
diabetes? [diabetes]	<input type="checkbox"/> _1	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
have Parkinson's Disease? [parkinsons]	<input type="checkbox"/> _1	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
have chronic lung disease such as chronic bronchitis, COPD, asthma, or emphysema? [lung_disease]	<input type="checkbox"/> _1	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
had a broken or fractured hip <u>and</u> had to be hospitalized? [brkfrac_hip]	<input type="checkbox"/> _1	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8

Since the age of 50, have you (he/she) ever been told by a doctor, nurse, therapist, or medical assistant that you (he/she) had broken or fractured any other bones?
[brkfracturebone_age50]

Yes	<input type="checkbox"/> _1
Suspect or possible	<input type="checkbox"/> _3
No	<input type="checkbox"/> _2
Refused	<input type="checkbox"/> _7
DK	<input type="checkbox"/> _8

During the last 12 months, have you (he/she) seen a doctor specifically for arthritis or rheumatism?
[arthritis_rheumatism]

Yes	<input type="checkbox"/> _1
Suspect or possible	<input type="checkbox"/> _3
No	<input type="checkbox"/> _2
Refused	<input type="checkbox"/> _7
DK	<input type="checkbox"/> _8

[numchron] *NOTE: calculated variable, see format

Do you (he/she) usually use a cane, walker or other device when walking inside your (his/her) home?
[walkaid_insidehome]

- No, walks without device 1
- No, doesn't walk (i.e., uses wheelchair) 2
- Yes, cane 3
- Yes, walker 4
- _____ Yes, Other 5
- Refused 7
- DK 8

Do you (he/she) usually use a cane, walker or other device when walking outside your (his/her) home?

[walkaid_outside]

- No, walks without device 1
- No, doesn't walk (i.e., uses wheelchair) 2
- Yes, cane 3
- Yes, walker 4
- _____ Yes, Other 5
- Refused 7
- DK 8

FALLS

1. Have you (he/she) fallen in the past year?
[fallpastyear]

Yes 1

[SKIP TO NEXT SECTION]

- | | |
|---------|----------------------------|
| No | <input type="checkbox"/> 2 |
| Refused | <input type="checkbox"/> 7 |
| DK | <input type="checkbox"/> 8 |

[IF YES, ASK]:

1a. How many times have you (he/she) fallen?
[fallpastyear_times]

— —

1b. For any fall, did you (he/she) land on the floor, ground, or other lower level when you (he/she) fell?
[fallpastyear_land]

Yes 1

No 2

[SKIP TO NEXT SECTION]

- | | |
|---------|----------------------------|
| Refused | <input type="checkbox"/> 7 |
| DK | <input type="checkbox"/> 8 |

QUALITY OF LIFE SUB-SET

Indicator variable for sub-set: [trk_secondary]=1

1. Falls Efficacy
2. PROMISE
3. Late Life Function and Disability Instrument (LLFDI)

Administered to sub-set at Baseline, 12-Month Interview, and 24-Month Interview

EUROQOL

Administered annually to all study participants.

SCORING

See calculated variables document for scoring information

scored_FES	Scored FES (at most 3 missing items)
scored_PROMISanx	Scored PROMISanx (at most 2 missing items)
scored_PROMISdep	Scored PROMISdep (at most 2 missing items)
scored_LLFDIfn	Scored LLFDIfn
scored_LLFDIfnSE	LLFDIfn standard error
scored_LLFDIdis	Scored LLFDIdis
scored_LLFDIdisSE	LLFDIdis standard error
EQoL_index_f0	EuroQol EQ-5L-5L index score (per Pickard et al)
EQoL_state_f0	EuroQol EQ-5L-5L state
EQoL_VAS_f0	EuroQol EQ VAS

MODIFIED FALLS EFFICACY – 10 ITEM

- **QUALITY OF LIFE SUB-SET ONLY**
- **SURROGATE INTERVIEWS: SKIP Modified Falls Efficacy**

I have some questions about common daily activities. For each of the following activities, please tell me how concerned you are about the possibility of falling.

FIRST PROBE IF RESPONDENT SAYS "I DON'T DO THAT": I know you don't (are unable to)...but think about if you did (could), how concerned are you that you might fall while...?

SECOND PROBE IF RESPONDENT AGAIN SAYS "I DON'T DO THAT": I understand that you don't (can't) do that but please try to think about if you did (could), how concerned are you that you might fall while...?

DO NOT PROBE A THIRD TIME FOR AN ITEM, INSTEAD SELECT "DK" FOR DON'T KNOW NEXT TO THE ITEM.

NOTE: RESPONSES ONLY REPEATED AS THE CALLER FEELS THE PARTICIPANT NEEDS TO BE REMINDED.

How concerned are you that you might fall while? Are you:

	Not at all concerned	Somewhat concerned	Fairly concerned	Very concerned	REF	DK
cleaning the house (doing things like sweeping or dusting)? [fallseff_cleaning]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
getting dressed or undressed? [fallseff_dress]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
preparing simple meals? [fallseff_meals]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
taking a bath or shower? [fallseff_bath]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
doing simple shopping? [fallseff_shop]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
getting in and out of a chair? [fallseff_chair]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
going up and down stairs? [fallseff_stairs]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
walking around in your neighborhood? [fallseff_walkneighborhood]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
reaching into cabinets or closets? [fallseff_reachcabinet]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
going to answer the telephone before it stops ringing? [fallseff_phone]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

PROMISE: EMOTIONAL DISTRESS - DEPRESSION – ANXIETY - SHORT FORM B

- QUALITY OF LIFE SUB-SET ONLY
- SURROGATE INTERVIEWS: SKIP PROMISE

Please respond to each item by marking one box per row.

NOTE: RESPONSES ONLY REPEATED AS THE CALLER FEELS THE PARTICIPANT NEEDS TO BE REMINDED.

Now I'd like to ask you some questions about how you have been feeling over the last week.
In the past 7 days.....

	Never	Rarely	Sometimes	Often	Always	Refused	DK
I felt worthless [eddep_worthless]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt that I had nothing to look forward to [eddep_lookforward]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt helpless [eddep_helpless]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt sad [eddep_sad]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt like a failure [eddep_failure]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt depressed [eddep_depressed]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt unhappy [eddep_unhappy]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt hopeless [eddep_hopeless]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt fearful [eddep_fearful]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I found it hard to focus on anything other than my anxiety [eddep_anxiety]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
My worries overwhelmed me [eddep_overwhelm]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt uneasy [eddep_uneasy]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt nervous [eddep_nervous]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt like I needed help for my anxiety [eddep_helpanxiety]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt anxious [eddep_anxious]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I felt tense [eddep_tense]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

EUROQOL EQ-5D DESCRIPTIVE SYSTEM

INSTRUCTIONS FOR INTERVIEWER:

IT IS RECOMMENDED THAT THE INTERVIEWER HAS A COPY OF THE EQ-5D IN FRONT OF HIM OR HER AS IT IS ADMINISTERED OVER THE TELEPHONE. THIS ENABLES THE RESPONDENT'S ANSWERS TO BE ENTERED DIRECTLY ON THE EQ-5D BY THE INTERVIEWER ON BEHALF OF THE RESPONDENT (I.E. THE APPROPRIATE BOXES ON PAGES 2 AND 3 ARE MARKED AND THE SCALE ON PAGE 4 IS MARKED AT THE POINT INDICATING THE RESPONDENT'S 'HEALTH TODAY'). IF THE RESPONDENT ASKS FOR CLARIFICATION, THE INTERVIEWER CAN HELP BY RE-READING THE QUESTION VERBATIM. THE INTERVIEWER SHOULD NOT TRY TO OFFER HIS OR HER OWN EXPLANATION BUT SUGGEST THAT THE RESPONDENT USES HIS OR HER OWN INTERPRETATION.

IF THE RESPONDENT HAS DIFFICULTY REGARDING WHICH BOX TO MARK, THE INTERVIEWER SHOULD REPEAT THE QUESTION VERBATIM AND ASK THE RESPONDENT TO ANSWER IN A WAY THAT MOST CLOSELY RESEMBLES HIS OR HER THOUGHTS ABOUT HIS OR HER HEALTH TODAY.

(NOTE TO INTERVIEWER: PLEASE READ THE FOLLOWING)

We are trying to find out what you think about your health. I will first ask you some simple questions about your health TODAY. I will then ask you to rate your health on a measuring scale. I will explain what to do as I go along but please interrupt me if you do not understand something or if things are not clear to you. Please also remember that there are no right or wrong answers. We are interested here only in your personal view.

FOR SURROGATE:

Please indicate which statements (insert name of person whose health is being assessed, e.g. Mr. Smith or John) would choose to describe his/her health state TODAY if he/she were able to tell us.

First I am going to read out some questions. Each question has a choice of five answers. Please tell me which answer best describes your (his/her) health TODAY. Do not choose more than one answer in each group of questions.

(NOTE TO INTERVIEWER: IT MAY BE NECESSARY TO REMIND THE RESPONDENT REGULARLY THAT THE TIMEFRAME IS TODAY. IT MAY ALSO BE NECESSARY TO REPEAT THE QUESTIONS VERBATIM)

First I'd like to ask you about mobility. Would you say that:

- [euroqol_mobility]**
- You have (He/she has) no problems walking? _1
 - You have (He/she has) slight problems walking? _2
 - You have (He/she has) moderate problems walking? _3
 - You have (He/she has) severe problems walking? _4
 - You (He/she has) are unable to walk? _5
 - Refused _7
 - DK _8

Next I'd like to ask you about (his/her) self-care. Would you say that:

- [euroqol_selfcare]**
- You have (He/she has) no problems washing or dressing yourself? _1
 - You have (He/she has) slight problems washing or dressing yourself? _2
 - You have (He/she has) moderate problems washing or dressing yourself? _3
 - You have (He/she has) severe problems washing or dressing yourself? _4
 - You (He/she has) are unable to wash or dress yourself? _5
 - Refused _7
 - DK _8

Next I'd like to ask you about your (his/her) usual activities, for example work, study, housework, family or leisure activities. Would you say that:

- [euroqol_usualactivity]**
- You have (He/she has) no problems doing your usual activities? _1
 - You have (He/she has) slight problems doing your usual activities? _2
 - You have(He/she has) moderate problems doing your usual activities? _3
 - You have (He/she has) severe problems doing your usual activities? _4
 - You are (He/she is) unable to do your usual activities? _5
 - Refused _7
 - DK _8

Next I'd like to ask you about pain or discomfort. Would you say that:

[euroqol_pain]

- You have (He/she has) no pain or discomfort? 1
- You have (He/she has) slight pain or discomfort? 2
- You have (He/she has) moderate pain or discomfort? 3
- You have(He/she has) severe pain or discomfort? 4
- You have (He/she has) extreme pain or discomfort? 5
- Refused 7
- DK 8

Finally I'd like to ask you about anxiety or depression. Would you say that:

[euroqol_anxiety_dep]

- You are (He/she is) not anxious or depressed? 1
- You are (He/she is) slightly anxious or depressed? 2
- You are (He/she is) moderately anxious or depressed? 3
- You are (He/she is) severely anxious or depressed? 4
- You are (He/she is) extremely anxious or depressed? 5
- Refused 7
- DK 8

EQ VAS: INTRODUCTION

Now, I would like to ask you to say how good or bad your health is TODAY.

(Surrogate: I would like to know how good or bad you think (insert name of person whose health is being assessed, e.g. Mr. Smith or John) would say his/her health is TODAY, if he/she were able to tell us)

I'd like you to try to picture in your mind a scale that looks a bit like a thermometer. Can you do that? The best health you can imagine is marked 100 (one hundred) at the top of the scale and the worst health you can imagine is marked 0 (zero) at the bottom.

EQ VAS: TASK

I would now like you to tell me the point on this scale where you would put your (his/her) health today.

[euroqol_eqvastask]

— — —

(0 to 100)

IF REFUSED, ENTER 997

IF UNKNOWN, ENTER 998

LATE LIFE FUNCTION AND DISABILITY INSTRUMENT

- QUALITY OF LIFE SUB-SET ONLY
- PARTICIPANT OR PROXY

Was the Late Life Function and Disability Instrument administered?

[lfd_completed]: Yes ₁, No ₂

SURROGATE: What surrogate thinks patient would say

TIMEFRAME: NO SPECIFIC TIME FRAME. THE BACKGROUND TO THE INSTRUMENT SAYS THAT THEY WOULD LIKE PEOPLE TO THINK ABOUT "A TYPICAL DAY".

"When answering questions about limitations in activities, you (he/she) might feel limited because of (his/her) your health or because it takes a lot of physical or mental energy. you (he/she) may also feel limited by factors outside of yourself (his/herself). your environment could restrict you from doing things, for instance you might feel limited due to of transportation issues or physical accessibility. Think of all these factors when you answer the questions."

**PERSON DOESN'T DO SOMETHING (WORK AS A VOLUNTEER, TAKE THE BUS):
IF POSSIBLE, YOU SHOULD TRY TO PROBE FOR THEM TO THINK ABOUT HOW MUCH
DIFFICULTY THEY WOULD HAVE IF THEY DID IT.**

PLEASE NOTE: The Late Life Disability and Late Life Function Instrument questions will be asked using a computer adaptive program. Only 10 of the items listed for each of the measures will be asked. The 10 items each person are asked will depend on the individual person's responses to each previous item. The full set of potential items are listed here.

Late-Life FDI: Disability Component (10 items will be asked)

[lfd_disability]

[lfd_disability_se]

Response options:

- Not at All
- A Little
- Somewhat
- A Lot
- Completely

To what extent do you feel (do you think he/she feels) limited in...?

D1. Keeping in touch with others through letters, phone, or email.

D2. Visiting friends and family in their homes.

D3. Providing care or assistance to others.

D4. Taking care of the inside of your home.

D5. Working at a volunteer job outside your home.

D6. Taking part in active recreation.

- D7. Taking care of household business and finances.
- D8. Taking care of your own health.
- D9. Traveling out of town for at least an overnight stay.
- D10. Taking part in a regular fitness program.
- D11. Inviting people into your home for a meal or entertainment.
- D12. Going out with others to public places such as restaurants or movies.
- D13. Taking care of your own personal care needs.
- D14. Taking part in organized social activities.
- D15. Taking care of local errands.
- D16. Preparing meals for yourself.

Late-Life FDI: Function Component (10 items will be asked)

[lfd_function]

[lfd_function_se]

Response options:

- None
- A Little
- Some
- Quite a Lot
- Cannot do

How much difficulty do you have...?

- F1. Unscrewing the lid off a previously unopened jar without using any devices
- F2. Going up and down a flight of stairs inside, using a handrail
- F3. Putting on and taking off long pants (including managing fasteners)
- F4. Running 1/2 mile or more
- F5. Using common utensils for preparing meals (e.g., can opener, potato peeler, or sharp knife)
- F6. Holding a full glass of water in one hand
- F7. Walking a mile, taking rests as necessary
- F8. Going up & down a flight of stairs outside, without using a handrail
- F9. Running a short distance, such as to catch a bus
- F10. Reaching overhead while standing, as if to pull a light cord
- F11. Sitting down in and standing up from a low, soft couch

- F12. Putting on and taking off a coat or jacket
- F13. Reaching behind your back as if to put a belt through a belt loop
- F14. Stepping up and down from a curb
- F15. Opening a heavy, outside door
- F16. Rip open a package of snack food (e.g. cellophane wrapping on crackers) using only your hands
- F17. Pouring from a large pitcher
- F18. Getting into and out of a car/taxi (sedan)
- F19. Hiking a couple of miles on uneven surfaces, including hills
- F20. Going up and down 3 flights of stairs inside, using a handrail
- F21. Picking up a kitchen chair and moving it, in order to clean
- F22. Using a step stool to reach into a high cabinet
- F23. Making a bed, including spreading and tucking in bed sheets
- F24. Carrying something in both arms while climbing a flight of stairs (e.g. laundry basket)
- F25. Bending over from a standing position to pick up a piece of clothing from the floor
- F26. Walking around one floor of your home, taking into consideration thresholds, doors, furniture, and a variety of floor coverings
- F27. Getting up from the floor (as if you were laying on the ground)
- F28. Washing dishes, pots, and utensils by hand while standing at sink
- F29. Walking several blocks
- F30. Taking a 1 mile, brisk walk without stopping to rest
- F31. Stepping on and off a bus
- F32. Walking on a slippery surface outdoors

RECENT HEALTH CARE UTILIZATION

ER VISITS

1. In the past year, did you (he/she) go to the emergency room for any reason?

Yes _1

[er_pastyear]

[SKIP TO HOSPITAL ADMISSIONS]

No _2

Refused _7

DK _8

[IF YES, ASK]:

1a. How many times did you (he/she) to go to the emergency room in the past year?

— —

[er_pastyear_n]

HOSPITAL ADMISSIONS

1. In the past year, were you (he/she) admitted for an overnight stay, or longer, in the hospital for any reason? Yes 1

[SKIP TO NURSING HOME, CONVALESCENT HOME, OR REHAB] 2
[hospadm_pastyear] Refused 7
DK 8

[IF YES, ASK]:

2a. How many times were you (he/she) admitted to the hospital in the past year? — —

[hospadm_pastyear_n]

NURSING HOME, CONVALESCENT HOME, REHAB FACILITY

1. In the past year, have you (he/she) stayed overnight in a nursing home, convalescent home, or rehab facility? Yes 1

[nhconvarehab_pastyear] 2
[SKIP TO HOMECARE] Refused 7
DK 8

[IF YES, ASK]:

2a. How many times were you (he/she) admitted to a nursing home, convalescent home, or rehab facility in the past year? — —

[nhconvarehab_pastyear_n]

HOME CARE

1. In the past year, have you (he/she) had a visit from a home care worker such as a visiting nurse, homemaker, home health aide, etc.? Yes 1

[SKIP TO TRANSPORTATION] 2
[homecare_pastyear] Refused 7
DK 8

[IF YES, ASK]:

3a. Are you (he/she) currently receiving any of the following home care services?

	Yes	No	REF	DK
Visiting Nurse	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8

[hc_visitingnurse]

Physical Therapist	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
--------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

[hc_pt]

Occupational Therapist	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

[hc_ot]

Home Health Aide	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

[hc_homeaid]

Homemaker	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
-----------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

[hc_homemaker]

Other	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _7	<input type="checkbox"/> _8
-------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

[hc_other]

Other (specify): _____

TRANSPORTATION

1. How do(es) you (he/she) travel to Doctor's appointments? Drive Self 1

[transportation1]

Driven by family member, friend, or other 2

Public Transportation 3

_____ Other 4

Refused 7

DK 8

2. When you (he/she) attend doctor appointments, does a family member or friend usually sit with you (him/her) during the visit?

[transportation2]

Yes 1

No 2

Refused 7

DK 8

2a. [IF YES], who attends doctor appointments with you (him/her)?

[transportation2a]

Spouse 1

Son or Daughter 2

Niece or Nephew 3

Grandchild 4

Brother or Sister 5

Friend/Neighbor 6

Brother or Sister 7

_____ Other relative (please specify): 8

HEALTH INSURANCE

I'd like to ask you about your (his/her) health insurance:

1. Do you (he/she) have traditional Medicare or a Medicare Advantage plan?

[hc1]

- [SKIP TO QUESTION 2] Traditional ₁
- [SKIP TO QUESTION 3] Advantage ₂
- No ₃
- [SKIP TO QUESTION 4] Refused ₇
- DK ₈

2. Part A of Medicare covers most hospital expenses. Part B covers many Doctor expenses, and the premium may be deducted from Social Security. Are you (he/she) covered under Part B of Medicare?

[hc2]

- Yes ₁
- No ₂
- Refused ₇
- DK ₈

3. Some people have chosen a Medicare Advantage plan (for example, a Medicare HMO or PPO health plan) instead of traditional Medicare. Are you (he/she) currently covered by a Medicare Advantage plan such as ...

[hc3]

- Yes ₁
- [GO TO QUESTION 4] No ₂
- Refused ₇
- DK ₈

- 3a. IF YES, What is the name of your (his/her) Medicare Advantage plan?

4. Are you (he/she) covered by your (his/her) State's medical assistance (Medicaid) program? This is also called Title 19.

[hc4]

Yes _1

No _2

Refused _7

DK _8

5. Are you (he/she) covered by any other public assistance program that pays for Medical Care?

[hc5]

Yes _1

[GO TO QUESTION 6]

No _2

Refused _7

DK _8

5a. IF YES, what is the name of that program?

6. Not counting Medicare and the other programs we just talked about, do you (he/she) have any other health insurance or medical insurance that pays for hospital or doctor bills, such as VA or Medi-gap, or a Medicare Supplemental?

[hc6]

Yes _1

No _2

Refused _7

DK _8

FINANCIAL STRAIN

How difficult is it for you (his/her) / (your family) to meet monthly payments on your (his/her) (your family's) bills?

[finances]

Not at all difficult _1

Not very difficult _2

Somewhat difficult _3

Very difficult _4

Completely difficult _5

Refused _7

DK _8

SURROGATE INFORMATION

Relationship: [surrogate_relation]

- Spouse 1
- Son or Daughter 2
- Niece or Nephew 3
- Grandchild 4
- Brother or Sister 5
- Other Relative (please specify) 6

Length of Relationship: [proxy_relationtime]

Length of Relationship, category: [proxy_relationtime_categ]

- Months 1
- Years 2

Face to face contacts: [proxy_facecontacts] How many days per week (0-7) do you see and/or talk with

Telephone contacts: [proxy_telecontacts] How many days per week (0-7) do you see and/or talk with

Gender of surrogate

[s_gender]

- Male 1
- Female 2

Race of Surrogate

Do you consider yourself to be:

[s_race] *NOTE: recoded variable, see codebook or format

- White 1
- Black/ African American 2
- American Indian/Alaskan Native 3
- Asian 4
- Native Hawaiian/ Other Pacific Islander 5
- More than 1 race 6
- _____ Other 7
- Refused 97
- DK 98

Ethnicity of Surrogate

Do you consider yourself to be:

[s_ethnicity]

- Hispanic/Latino 1
- Non-Hispanic/Latino 2
- Refused 7
- DK 8

TIME OF INTERVIEW ENDED:

== == : == == am pm **[time_ended]**